

Senate Commerce, Labor & Agriculture Committee Amendment NO. 1

AMENDMENT NO. \_\_\_\_\_

\_\_\_\_\_  
Signature of Sponsor

AMEND Senate Bill No. 3279

House Bill No. 3135\*

**FILED**

Date \_\_\_\_\_

Time \_\_\_\_\_

Clerk \_\_\_\_\_

Comm. Amdt. \_\_\_\_\_

by deleting Section 1 in its entirety and substituting therefor the following:

SECTION 1. Tennessee Code Annotated, Title 56, Chapter 7, Part 23, is amended by adding the following language as a new, appropriately designated section:

Section \_\_\_\_\_. (a) If a provider who is a member of a managed health insurance issuer's network terminates its agreement with the issuer, or the issuer terminates the provider without cause, then the provider and issuer shall allow a subscriber or enrollee:

(1) who is under active treatment for a particular injury or sickness, to continue to receive covered benefits from a treating provider for such injury or sickness for a period of one hundred twenty (120) days from the date of notice of termination,

(2) who is in the second trimester of pregnancy to continue care with a treating provider until completion of postpartum care,

(3) who is being treated at an inpatient facility to remain at the facility until the patient is discharged.

(b) The provisions of subsection (a) shall apply only if the treating provider or inpatient facility agrees to continue to be bound by the terms, conditions and reimbursement rates of the provider's agreement with the issuer.

(c) As used in this section, a "managed health insurance issuer" means an entity that:

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(1) offers health insurance coverage or benefits under a contract that restricts reimbursement for covered services to a defined network of providers; and

(2) is regulated under this title or is an entity that accepts the financial risks associated with the provision of health care services by persons who do not own or control, or who are not employed by, such entity.

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